



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pollard	Daniel	E.	(808) 527-8018
MAILING ADDRESS (Street)			FAX
2601 Myrtle St.			(808) 527-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Legal Aid Society of Hawaii			(808) 536-4302
MAILING ADDRESS (Street)			FAX
924 Bethel St.			(808) 527-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Keawie			(808) 527-8060
MAILING ADDRESS (Street)			FAX
924 Bethel St.			(808) 527-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-25-06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Wayne Keawe

Comptroller

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Legal Aid Society of Hawaii

536-4302

MAILING ADDRESS (Street)

FAX

924 Bethel Street

527-8088

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/26/06

(Date)